Establishing and Advancing the Chiropractic Family Wellness Lifestyle

Application for Approval for the ICPA Diplomate Advanced Clinical Electives

Name of Organization/ Company:		
Authorized Person for Contact:		
Signature:		**Date:**
Address:		
Phone:	**Website:**	**E-mail:**
Title of Seminar:		
Total Hours of Seminar:		
Please include an hour by hour syllabus and copy of all classroom notes with application.		
Instructor's name and degree:		
Please include a copy of instructor's CV with application		
Name of Academic Sponsor: Chiropractic College or National Accrediting Agency *Please include proof of co-sponsorship: letter or certificate.*		
Course Objective:		
Application fee: There is a one-time application fee of $795.00 per course. Please include payment in the form of check or credit card number. Checks are made out to ICPA, Inc.		

Once all the above information is filled out and payment is received by the ICPA, this application will be considered complete. You will be notified within 15 days upon approval of your course.